

SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



ITEM: 3.26
(ID # 20440)

MEETING DATE:

Tuesday, November 08, 2022

FROM : RUHS-PUBLIC HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM – PUBLIC HEALTH: Authorize the acceptance of the Award to amend Grant No. NU17CE924999 from the Centers for Disease Control and Prevention for the Riverside Overdose Data to Action Program, and Ratify and Approve Amendment No. 1 to the Professional Services Agreement with Inland Empire Health Plan for the Riverside Data to Action Program; All Districts [Total Maximum Amount \$2,353,139 - 100% Federal]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Authorize Riverside University Health System – Public Health to Accept the Award to Amend Grant No. NU17CE924999 from the Centers for Disease Control and Prevention for Riverside Overdose Data to Action Program to increase the maximum award amount by \$2,353,139 and extend the period of performance through August 31, 2023;
2. Ratify and Approve Amendment No. 1 to the Professional Services Agreement with Inland Empire Health Plan for Riverside Overdose Data to Action Program to extend the period of performance for one additional year through August 31, 2023 with no change in the annual contract amount of \$157,900;
3. Authorize the Chair of the Board to sign Amendment No. 1 to the Professional Services Agreement with Inland Empire Health Plan on behalf of the County; and
4. Authorize the Director of Public Health, or designee, in accordance with Ordinance No. 459, based on the availability of fiscal funding and as approved as to form by County Counsel to: (a) sign amendments that exercise the options of the Grant Award and Professional Services Agreement, including modifications to the statement of work and period of performance, that stay within the intent of Agreement; and (b) sign all certifications, assurances, reports or other related documents required by the Centers for Disease Control and Prevention.

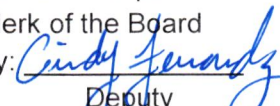
ACTION:A-30, Policy


Kim Saruwatari, Director of Public Health 11/2/2022

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Washington, seconded by Supervisor Perez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Hewitt, and Perez
Nays: None
Absent: None
Date: November 8, 2022
xc: RUHS-BH

Kecia R. Harper
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$1,960,949	\$392,190	\$2,353,139	\$0
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS: 100% Federal			Budget Adjustment: No	
			For Fiscal Year: 22/23 – 23/24	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

Riverside County overdose deaths, emergency department visits and hospitalizations are increasing. The complexity of prescription opioids and the prevalence of illicit fentanyl contributes to the increase in overdose deaths and nonfatal overdoses. These trends demonstrate a need for measuring, reducing, and preventing the harms caused by substance use disorders and overdose. Such an effort requires collaboration among Riverside University Health System-Public Health (RUHS-PH), behavioral health services, emergency medical services, health systems, medical care providers, medical care plans, community agencies, and individual patients to incorporate a systemic change within the community.

To create more responsive and collaborative prevention efforts and address the upstream causes of substance use disorders and overdose, RUHS-PH applied for and received funding from the Centers for Disease Control and Prevention (CDC) in September 2019. This initial funding was instrumental in establishing the Riverside Overdose Data to Action (RODA) program, which focused on enhancing the surveillance of overdose morbidity and mortality in Riverside County and using enhanced surveillance to guide the development and implementation of overdose prevention efforts. The CDC has approved a supplemental award which will extend the period of performance from the previous funding cycle for one additional year.

In pursuit of the goals of RODA, RUHS-PH will fund and partner with the Inland Empire Health Plan (IEHP). RUHS-PH will also continue to collaborate with the Inland Empire Opioids Crisis Coalition, the California Department of Public Health, local school districts, community-based organizations, and other stake holders through the RODA steering committee.

The CDC has approved RUHS-PH to fund and partner with IEHP to develop and implement an academic detailing program to increase awareness on guidelines for opioid prescribing, non-opioid medications, and non-pharmacological treatments, increase the use of non-opioid medications and non-pharmacologic treatments for pain by patients in Riverside County, and decrease high-risk prescribing in Riverside County.

Overall, the long-term outcomes consist of the following:

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
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- Decrease the drug overdose death rate in Riverside County, including prescription opioid and illicit opioid overdose death rates.
- Decrease the rate of opioid misuse and opioid use disorder in Riverside County.
- Increase the provision of evidence-based treatment for opioid use disorder in Riverside County.
- Decrease the rate of ED visits due to opioid misuse or opioid use disorder in Riverside County.

Impact on Residents and Businesses

RODA will continue to enhance RUHS-PH’s overdose surveillance data to provide accurate, timely, and actionable information to effectively implement policies, prevention strategies, and interventions to reduce and prevent overdose deaths in Riverside County. Partnering with IEHP will increase the use of non-opioid medications and non-pharmacologic treatments for pain and decrease high-risk prescribing in Riverside County. This partnership will reduce the burden that increasing overdose deaths and hospitalizations has on the health care system and the local community.

Additional Fiscal Information

There is no impact to County General Funds. The total grant awarded amount of \$2,353,139 will be distributed as follows:

County Fiscal Year		Grant Fiscal Year	
Year	Amount	Year	Amount
22/23	\$1,960,949	22/23	\$2,353,139
23/24	\$ 392,190		
Total	\$2,353,139	Total	\$2,353,139

The total annual contract amount distribution from the County to IEHP will be as follows:

County Fiscal Year		Grant Fiscal Year	
Year	Amount	Year	Amount
22/23	\$131,583	22/23	\$157,900
23/24	\$ 26,317		
Total	\$157,900	Total	\$157,900

Contract History and Price Reasonableness

In September 2019, the CDC awarded RUHS-PH a three-year, \$7.1 million grant to support a comprehensive countywide response to opioid-related and other drug overdoses. The grant, Overdose Data to Action, supports the County in obtaining high quality, comprehensive, and

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
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timely data on overdose morbidity and mortality. This data is essential with informing prevention and overdose response efforts in Riverside County. The CDC is providing a supplemental award that extends the performance period for an additional year.

The CDC approved RUHS-PH to fund and partner with IEHP through the initial award. The initial conclusion date of this agreement was August 31, 2022; however, with the CDC granting RUHS-PH an additional year of supplemental funding and time to accomplish grant objectives, the agreement needs to be extended by one additional year. The total cost includes compensating a pharmacist solely focused on providing academic detailing to IEHP providers, targeting geographies with highest risk for overdose based on surveillance. IEHP's cost are commensurate with industry standards at \$150,000 for the salary of one clinical pharmacist and \$7,900 for critical program support items to assist with the implementation of grant objectives. The average salary of a clinical pharmacist in Riverside County is reported to be \$156,357 by Glassdoor.com, \$153,200 by Salary.com, and \$150,554 by Comparably.com. Additionally, IEHP has an established detailing program which saves the County the cost of creating a similar program for overdose prevention and staff training efforts.

ATTACHMENTS:

ATTACHMENT A: Notice of Award for Grant No. NU17CE924999 from the Centers for Disease Control and Prevention

ATTACHMENT B: Amendment No. 1 to the Professional Services Agreement with Inland Empire Health Plan for Riverside Overdose Data to Action


Suzanna Heckley, Assistant Director of Purchasing and Fleet Service

11/2/2022


Douglas Cordonez Jr.

11/2/2022


Gregg Gu, Chief Deputy County Counsel

11/2/2022



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU17CE924999-03-05

FAIN# NU17CE924999

Federal Award Date: 08/10/2022

Recipient Information

1. Recipient Name

Riverside, County of
4065 County Circle Dr
Riverside, CA 92503-3410

2. Congressional District of Recipient

41

3. Payment System Identifier (ID)

1956000930B7

4. Employer Identification Number (EIN)

956000930

5. Data Universal Numbering System (DUNS)

117023953

6. Recipient's Unique Entity Identifier (UEI)

YXSZFGDUQUI5

7. Project Director or Principal Investigator

Wendy Hetherington
Chief, Epidemiology & Program Evaluation
whetherington@ruhealth.org
951-358-5557

8. Authorized Official

Ms. Kim Saruwatari
Director
ksaruwatari@rivco.org
951-358-7036

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Keisha Thompson
GMS
dvt6@cdc.gov
770-488-2681

10. Program Official Contact Information

Felicia Melean
Project Officer
ypj9@cdc.gov
404-718-3132

30. Remarks

Federal Award Information

11. Award Number

6 NU17CE924999-03-05

12. Unique Federal Award Identification Number (FAIN)

NU17CE924999

13. Statutory Authority

301, 391(a)(2) and 392(a)(1) of the Public Health Service Act

14. Federal Award Project Title

Riverside Overdose Data to Action

15. Assistance Listing Number

93.136

16. Assistance Listing Program Title

Injury Prevention and Control Research and State and Community Based Programs

17. Award Action Type

Supplement

18. Is the Award R&D?

No

Summary Federal Award Financial Information

Table with 2 columns: Item Number and Amount. Rows include Budget Period Start Date, Total Amount of Federal Funds Obligated, Authorized Carryover, Offset, Total Amount of Federal Funds Obligated this budget period, Total Approved Cost Sharing or Matching, Total Federal and Non-Federal Approved this Budget Period, Period of Performance Start Date, and Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance.

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham
Team Lead, Grants Management Officer

NOV 8 2022 3.26



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU17CE924999-03-05

FAIN# NU17CE924999

Federal Award Date: 08/10/2022

Recipient Information
Recipient Name Riverside, County of 4065 County Circle Dr Riverside, CA 92503-3410
Congressional District of Recipient 41
Payment Account Number and Type 1956000930B7
Employer Identification Number (EIN) Data 956000930
Universal Numbering System (DUNS) 117023953
Recipient's Unique Entity Identifier (UEI) YXSZFGDUQJ5
31. Assistance Type Cooperative Agreement
32. Type of Award Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$1,683,088.34
b. Fringe Benefits	\$808,555.70
c. Total Personnel Costs	\$2,491,644.04
d. Equipment	\$0.00
e. Supplies	\$22,860.41
f. Travel	\$17,185.69
g. Construction	\$0.00
h. Other	\$17,525.00
i. Contractual	\$1,534,152.34
j. TOTAL DIRECT COSTS	\$4,083,367.48
k. INDIRECT COSTS	\$622,910.52
l. TOTAL APPROVED BUDGET	\$4,706,278.00
m. Federal Share	\$4,706,278.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390BX6	19NU17CE924999OPCE	CE	41.51	93.136	\$1,967,685.00	75-22-0952



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU17CE924999-03-05

FAIN# NU17CE924999

Federal Award Date: 08/10/2022

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

Riverside, County of

6 NU17CE924999-03-05

1. Terms and Conditions
2. Program Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Supplemented Extension: The purpose of this amendment is to approve a 12-month extension with supplemental funds per the request submitted by your organization dated May 10, 2022. The budget and project period end dates have been extended from August 31, 2022 to August 31, 2023.

Additional funds in the amount of \$2,353,139 are authorized and have been distributed as indicated in the approved budget of this Notice of Award. The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Surveillance	\$ 400,000
Prevention	\$ 1,953,139

Use of Unobligated Funds: This NoA includes the use of Year 02 unobligated funds in the amount of \$385,454, which has been applied as an offset to the currently approved funding level for this budget period. The use of unobligated funds is approved based on the Year 02 Federal Financial Report (FFR) dated May 10, 2022. The amount of this NoA will be subject to reduction if the final amount of unobligated funds is less than the amount of unobligated funds reported on the referenced FFR.

Indirect Costs

Indirect costs are approved based on the negotiated indirect cost rate agreement dated January 29, 2022, which calculates indirect costs as follows, a Provisional is approved at a rate of 25.00% of the base, which includes, Salaries, Wages and Fringe Benefits. The effective dates of this indirect cost rate are from July 1, 2022 to June 30, 2023.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the original final budget period of September 1, 2021 to August 31, 2022 must be submitted by December 1, 2022.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the form can be downloaded at:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

Final Invention Statement: A Final Invention Statement must be submitted. Electronic versions of the form can be downloaded by visiting <http://grants1.nih.gov/grants/hhs568.pdf>.

If no inventions were conceived under an assistance award, a negative report is required. This statement may be included in a cover letter.

**CE19-1904 Overdose Data to Action
Program Additional Terms and Conditions**

- **Discontinuation of Rapid Overdose Death Detection (RODD) Activities:** For the supplemental extension period, recipients that were implementing Rapid Overdose Death Detection activities will no longer be required to implement these activities. With this change, the \$200,000 optional award funding for RODD will not be included in the surveillance budget for your supplemental award and CDC will no longer receive RODD data or provide technical assistance on these activities.

- **Recipient Self Assessments and Evaluation Plans:** For the supplemental extension period, the OD2A Self-Assessment Survey is optional, to be completed on a voluntary basis. OD2A recipients are invited to complete the annual OD2A Self-Assessment survey by August 31, 2022. The survey will cover Year 3 of your work on OD2A. The survey will have each recipient's responses from the year 2 assessment conducted last year during this same period (July - August 2021). If you choose to complete the OD2A Self-Assessment Survey, please change your responses to reflect any changes in capacity and add any additional notes. If you choose to complete the survey, CDC will provide a customized report.

- **Flexibility to reallocate funds Between Prevention and Surveillance Components:** In response to OD2A recipient requests and to support recipient efforts to complete current year activities and activities brought forward from previous budget periods (Years 1 and 2), CDC will review requests to redirect funds between the surveillance and prevention components. The CDC Support Team will recommend approval on a case-by-case basis. Per 45 CFR 75.308- Revision of budget and program plans, prior approval is required if significant re- budgeting of current year funds is needed. Significant re-budgeting is considered a redirection of at least 25% of the total approved budget or \$250,000, whichever is less.

COUNTY OF RIVERSIDE
AMENDMENT NO. 1 TO THE PROFESSIONAL SERVICES AGREEMENT FOR
RIVERSIDE OVERDOSE DATA TO ACTION BETWEEN
COUNTY OF RIVERSIDE AND INLAND EMPIRE HEALTH PLAN

Original Contract Term:	October 6, 2020, through August 31, 2022
Contract Term Extended To:	August 31, 2023
Effective Date of Amendment:	September 1, 2022
Original Total Contract Amount:	\$473,700
Amended Total Contract Amount:	\$631,600 (Addition of \$157,900)
Contract ID:	20-047

This Amendment No. 1 to the Professional Services Agreement for Riverside Overdose Data to Action (“Amendment No. 1”) is effective as of September 1, 2022 (“Effective Date”), by and between the County of Riverside, a political subdivision of the State of California, on behalf of its Riverside University Health System – Public Health (“COUNTY”), and Inland Empire Health Plan, a Joint Powers Agency (“CONTRACTOR”). COUNTY and CONTRACTOR are collectively referred to as the “Parties” and individually as the “Party”.

RECITALS

WHEREAS, the Parties entered into that certain Professional Services Agreement for Riverside Overdose Data to Action, effective as of October 6, 2020 through August 31, 2022 (the “Agreement”); and

WHEREAS, the Parties now desire to extend the period of performance, increase the annual maximum compensation, and amend Exhibits A and B.

NOW, THEREFORE, in consideration of the foregoing, and the promises and mutual covenants and conditions hereinafter set forth, the Parties hereby do agree as follows:

- 1. Recitals.** The recitals set forth above are true and correct and incorporated herein by this reference.
- 2. Period of Performance.** First sentence in Section 2.1 is deleted in its entirety and replaced with the following:

“This Agreement shall be effective upon signature of this Agreement by both parties and continues in effect through August 31, 2023, unless terminated earlier.”
- 3. Compensation.** Second sentence in Section 3.1 is deleted in its entirety and replaced with the following:

“Maximum payments by COUNTY to CONTRACTOR shall not exceed six hundred thirty one thousand six hundred dollars (\$631,600) annually, including all expenses.”
- 4. Exhibit A, Scope of Services.** Exhibit A is hereby deleted in its entirety and replaced with the revised “Exhibit A-1, Scope of Services” attached hereto and incorporated by this reference.

COUNTY OF RIVERSIDE
AMENDMENT NO. 1 TO THE PROFESSIONAL SERVICES AGREEMENT FOR
RIVERSIDE OVERDOSE DATA TO ACTION BETWEEN
COUNTY OF RIVERSIDE AND INLAND EMPIRE HEALTH PLAN

5. **Exhibit B, Payment Provisions.** Exhibit B is hereby deleted in its entirety and replaced with the revised “Exhibit B-1, Payment Provisions” attached hereto and incorporated by this reference.
6. **Miscellaneous.** All other terms and conditions of the Amendment No. 1 not modified herein shall remain unchanged.
7. **Effective Date.** This Amendment No. 1 shall become effective as of August 31, 2022.
8. **Counterparts.** This Amendment No. 1 may be executed in any number of counterparts, each of which shall be an original, but all of which together shall constitute one and the same instrument.
9. **Electronic Signatures.** Each Party to this Amendment No. 1 agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act (“CUETA”) Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this Amendment No. 1. The Parties further agree that the electronic signatures of the Parties included in this Amendment No.1. Are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the Parties. For purposes of this section, a digital signature is a type of “electronic signature” as defined in subdivision (i) of Section 1633.2 of the Civil Code.

[Signature Page Follows]

COUNTY OF RIVERSIDE
AMENDMENT NO. 1 TO THE PROFESSIONAL SERVICES AGREEMENT FOR
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COUNTY OF RIVERSIDE AND INLAND EMPIRE HEALTH PLAN

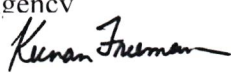
IN WITNESS WHEREOF, the Parties hereto have caused their duly authorized representatives to execute this Amendment No. 1.

COUNTY OF RIVERSIDE, a political
subdivision of the State of California

By: 
Jeff Hewitt, Chair
Board of Supervisors


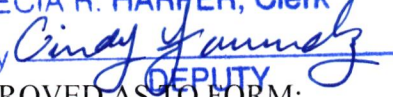
Dated: 11/6/2022

INLAND EMPIRE HEALTH PLAN, a
Joint Powers Agency


By: By Keenan Freeman, CFO on behalf of:
Jarrod McNaughton, MBA, FACHE
Chief Executive Officer

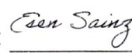
Dated: 10/19/2022

ATTEST:
Kecia R. Harper
Clerk of the Board


By: 
DEPUTY

APPROVED AS TO FORM:

County Counsel

By: 
Esen Sainz
Deputy County Counsel

COUNTY OF RIVERSIDE
AMENDMENT NO. 1 TO THE PROFESSIONAL SERVICES AGREEMENT FOR
RIVERSIDE OVERDOSE DATA TO ACTION BETWEEN
COUNTY OF RIVERSIDE AND INLAND EMPIRE HEALTH PLAN

EXHIBIT A-1
SCOPE OF SERVICES

1. SUMMARY

1.1. Riverside University Health System— Public Health (RUHS-PH) has received funding from The Centers for Disease Control and Prevention (CDC) to form the Riverside County Overdose Data to Action (RODA) program. The purpose of RODA is to enhance surveillance of overdose morbidity and mortality, and to use enhanced surveillance data to guide overdose prevention efforts in Riverside County. The overarching goals of RODA is to create more responsive and collaborative prevention efforts to address the upstream causes of substance use disorders and overdose.

1.2. Grant objectives include a collaboration with the Inland Empire Health Plan (IEHP) to develop and implement an academic detailing program to meet the following objectives:

1.2.1. Increase awareness on guidelines for opioid prescribing, non-opioid medications, and non-pharmacological treatments.

1.2.2. Increase the use of non-opioid medications and nonpharmacologic treatments for pain by patients in Riverside County

1.2.3. Decrease high-risk prescribing in Riverside County.

2. PERFORMANCE PERIOD

Extended through August 31, 2023

3. IEHP RESPONSIBILITIES

3.1. Dedicate a resource equivalent to one full-time Pharmacist to select and implement academic detailing model

3.2. Review academic detailing models and best practices for opioid prescribing, and alternative prescribing methods for non-opioid medications and non-pharmacologic treatments for pain.

3.3. Utilize IEHP Opioid Risk Index to identify patients and providers for academic detailing.

3.4. Provide academic detailing based on enhanced surveillance from RODA Strategy 3 and the IEHP Opioid Risk Index.

3.5. Create evaluation plan to demonstrate progress.

4. RUHS-PH RESPONSIBILITIES

COUNTY OF RIVERSIDE
AMENDMENT NO. 1 TO THE PROFESSIONAL SERVICES AGREEMENT FOR
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COUNTY OF RIVERSIDE AND INLAND EMPIRE HEALTH PLAN

- 4.1. Provide technical assistance during implementation.
- 4.2. Coordinate monthly meetings with IEHP team to assess progress on grant activities and identify solutions to potential barriers.
- 4.3. Report progress on grant activities to funder.

COUNTY OF RIVERSIDE
 AMENDMENT NO. 1 TO THE PROFESSIONAL SERVICES AGREEMENT FOR
 RIVERSIDE OVERDOSE DATA TO ACTION BETWEEN
 COUNTY OF RIVERSIDE AND INLAND EMPIRE HEALTH PLAN

EXHIBIT B

PAYMENT PROVISIONS

CONTRACTOR will be compensated for services provided in Exhibit A, Scope of Services, as follows:

1. PAYMENT SCHEDULE

1.1. Payment shall be made by COUNTY to CONTRACTOR on a quarterly basis after submittal of a quarterly invoice and progress report by CONTRACTOR to COUNTY.

1.2. Preparation and submission of quarterly invoices are due according to the following schedule:

QUARTER	DATES	INVOICE DUE DATE	REPORT DUE DATE
QTR 1 (Year 1)	9/1/2019-11/30/2019		
QTR 2 (Year 1)	12/1/2019-2/29/2020	3/15/2020	3/15/2020
QTR 3 (Year 1)	3/1/2020-5/31/2020	6/15/2020	6/15/2020
QTR 4 (Year 1)	6/1/2020-8/31/2020	9/15/2020	9/15/2020
QTR 1 (Year 2)	9/1/2020-11/30/2020	12/15/2020	12/15/2020
QTR 2 (Year 2)	12/1/2020-2/28/2021	3/15/2021	3/15/2021
QTR 3 (Year 2)	3/1/2021-5/31/2021	6/15/2021	6/15/2021
QTR 4 (Year 2)	6/1/2021-8/31/2021	9/15/2021	9/15/2021
QTR 1 (Year 3)	9/1/2021-11/30/2021	12/15/2021	12/15/2021
QTR 2 (Year 3)	12/1/2021-2/28/2022	3/15/2022	3/15/2022
QTR 3 (Year 3)	3/1/2022-5/31/2022	6/15/2022	6/15/2022
QTR 4 (Year 3)	6/1/2022-8/31/2022	9/15/2022	9/15/2022
QTR 1 (Year 4)	9/1/2022- 11/30/2022	12/15/2022	12/15/2022
QTR 2 (Year 4)	12/1/2022-2/28/2023	3/15/2023	3/15/2023
QTR 3 (Year 4)	3/1/2023-5/31/2023	6/15/2023	6/15/2023

COUNTY OF RIVERSIDE
 AMENDMENT NO. 1 TO THE PROFESSIONAL SERVICES AGREEMENT FOR
 RIVERSIDE OVERDOSE DATA TO ACTION BETWEEN
 COUNTY OF RIVERSIDE AND INLAND EMPIRE HEALTH PLAN

QTR 4 (Year 4)	6/1/2023-8/31/2023	9/15/2023	9/15/2023
QUARTER	DATES	INVOICE DUE DATE	REPORT DUE DATE
QTR 1 (Year 4)	9/1/2022- 11/30/2022	12/15/2022	12/15/2022
QTR 2 (Year 4)	12/1/2022-2/28/2023	3/15/2023	3/15/2023
QTR 3 (Year 4)	3/1/2023-5/31/2023	6/15/2023	6/15/2023
QTR 4 (Year 4)	6/1/2023-8/31/2023	9/15/2023	9/15/2023

1.3. Quarterly invoices shall be forwarded on the due dates as stated in the table above to:

Riverside University Health System - Public Health
 Fiscal – Accounts Payable
 PO BOX 7849
 Riverside, California 92513
 or
RIVCOPH-AP@ruhealth.org

1.4. Quarterly reports shall be forwarded on the due dates as stated in the table above to:

Riverside University Health System-Public Health
 Riverside Overdose Data to Action/Epidemiology & Program Evaluation
 4065 County Circle Drive
 Riverside, CA 92503
 Attn: Jessica Cuevas
RODA@ruhealth.org

2. MAXIMUM COMPENSATION

MAXIMUM COMPENSATION payable under the terms of this Agreement shall not exceed SIX HUNDRED THIRTY-ONE THOUSAND AND SIX HUNDRED dollars (\$631,600) annually, including all expenses.

//// //// ////







20-047 IEHP AMENDMENT #1 icm edits 092622_IEHP Signature

Final Audit Report

2022-10-24

Created:	2022-10-24
By:	Raveena Chara (R.Chara@ruhealth.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAAdTZL8m347AukfpQZIY8Rw0ftlj0FiA9a

"20-047 IEHP AMENDMENT #1 icm edits 092622_IEHP Signatu re" History

-  Document digitally presigned by Keenan Freeman (freeman-k2@iehp.org)
2022-10-19 - 6:58:20 PM GMT
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2022-10-24 - 4:10:53 PM GMT
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